



**Parent/Child Reunification Authorization for Release of Student**

Name of Student: \_\_\_\_\_ Class(s) \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Class(s) \_\_\_\_\_  
Name of Student: \_\_\_\_\_ Class(s) \_\_\_\_\_

I certify that I am the custodial parent/legal guardian of the above named student(s), and I grant permission for my child to be released to any of the following individuals at the end of the school day or in the event of an emergency/crisis that requires the school to release the students. (Each section must be completed.)

**My child may be released to the following individuals.** (Additional names may be included on a separate piece of paper. If additional names are attached parent/guardian must initial here: \_\_\_\_\_)

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**I understand that my child will be released only to those listed on this form.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_